Prevention and Early Intervention Project
August 12, 2019 | Sacramento, CA (Sacramento County)
Subcommittee Meeting Summary

Meeting Purpose

This document summarizes the first meeting of the Mental Health Services Oversight and Accountability Commission's Prevention and Early Intervention Subcommittee. The Subcommittee is holding a series of meetings to engage community members, and other stakeholders to explore challenges and opportunities to prevention and early intervention. The Subcommittee held its first meeting in Sacramento to introduce the project and identify areas of need for prevention and early intervention. Commissioners and meeting participants heard presentations on the intention of Senate Bill 1004, which directs the Commission to develop strategic direction and identify measurable outcomes for prevention and early intervention. The presentations and group discussion are summarized below. The next Prevention and Early Intervention Subcommittee meeting will be in Salinas on October 11, 2019.

Discussion Overview

The meeting opened with an overview of the Commission's Prevention and Early Intervention Project. The purpose of this effort is to establish priorities for investment in prevention and early intervention, develop a monitoring strategy, and explore challenges and opportunities for strengthening mental health prevention and early intervention strategies across California. This includes looking into best practices and areas for collaboration with private and public partners and with existing mental healthcare systems.

Commissioners and meeting participants heard presentations by a representative of the Steinberg Institute, a local behavioral health department, and a person with experience in a local prevention and early intervention program. Presentations highlighted opportunities to intervene when mental health needs emerge, including the use of peer-led models to deliver supportive services, as well as identifying goals and ways to build or strengthen independence, especially among youth. For example, peer-led models have been shown to increase use of mental health services among veterans.[1] A representative from a local behavioral health department reiterated the importance of youth voice, empowerment, leadership, and inclusivity in the development and implementation of prevention and early intervention programs. The presenter with lived experience further credited strong, positive relationships with mentors and case managers in the promotion of the presenter's mental health.

A facilitated discussion followed the presentations. Meeting participants identified several challenges to prevention and early intervention. Opportunities for overcoming barriers that

challenge prevention and early intervention efforts were also identified and are discussed below.

Challenges to Prevention and Early Intervention

Meeting participants identified several communities that may be more vulnerable to developing mental health needs. These communities include LGBTQ people, homeless people, women in the perinatal and postpartum period, socially isolated older adults, refugees, asylum seekers, immigrants, and students. People exposed to trauma also were highlighted as being at increased risk for developing mental health needs. Meeting participants cautioned against implementing evidence-based practices on a broad scale, as the evidence established by these practices may not have included people of color or LGBTQ people and youth.

Also highlighted were community and society-level factors that may increase risk for developing mental health needs, including workforce shortages, training needs, and a lack of cultural diversity among service providers. For example, by 2020 more than half of the children in the United States are anticipated to be a part of a diverse racial or ethnic group, yet only 6 percent of psychologists come from a diverse racial and ethnic background.[2] Disparities in access, utilization, and outcomes based on race/ethnicity and culture also were identified as challenges to prevention and early intervention. People of color, for example, may have access to prevention services, but those services may not be culturally appropriate. These groups may, as a result, bear a greater burden from unmet mental health needs, such as negative impacts on overall health, compared to their white counterparts.[3]

Opportunities for Prevention and Early Intervention

Several ideas for overcoming barriers were discussed during the meeting. Training was highlighted as a key area of opportunity to increase the delivery of culturally and linguistically appropriate services and to reduce practices that discriminate against people and groups. Meeting participants stated that these trainings should extend beyond behavioral health providers and should include providers who serve people at increased risk, such as those in healthcare, child welfare, and justice settings. The need for robust outreach efforts and increased stakeholder involvement in program planning was also expressed. In addition to statewide marketing and campaigns, meeting participants reiterated the importance of understanding local needs and developing strategies that are responsive to those needs.

Meeting participants discussed methods for reducing stigma and discrimination that prevent people from recognizing mental health needs and reaching out for support.

Social Determinants of Mental Health

Meeting participants also explored the importance of addressing social determinants of mental health in prevention and early intervention strategies. Mental health outcomes are influenced by social, economic, and environmental conditions, such as the physical environment, education, income, and social support.[4] Social determinants may cumulatively increase risk for developing mental health needs and contribute to mental health and health care disparities.[5]

Favorable conditions such as access to health care, affordable housing, transportation to services, safe neighborhoods, and economic opportunity have the potential to support a person experiencing mental health needs.[6] Markers of social advantage, such as having higher income, higher education and being in paid employment, are all found to be strongly predictive of better mental health.[7] People with mental health needs can thrive if those needs are met by services and supports defined by the person.

On the other hand, people exposed to or who are vulnerable to certain social, economic, or environmental factors may not receive supportive services and are at increased risk for experiencing adverse consequences during their lifetime.[8] These social determinants include factors such as prejudice and discrimination based on race and ethnicity, sexual orientation, and gender identity; and disparities in health care access, education, and employment opportunities.[9] Changes in stress and physical health also can impact social determinants.[10] Social determinants of mental health are dynamic and may change over time as a person ages.[11] Mental health needs of older adults may increase with the increased risk for social isolation and depression, injuries from falls, and changes to health and mobility.[12]

Next Steps

The next Prevention and Early Intervention Subcommittee Meeting will be held on October 11, 2019 in Salinas in Monterey County. This meeting will highlight local prevention and early intervention programs and opportunities for data monitoring and measuring outcomes. For more information, including upcoming events, please visit the project webpage at https://mhsoac.ca.gov/what-we-do/projects/prevention-and-early-intervention.

About the Project

California's Mental Health Services Act (MHSA) was passed to transform the State's mental health system by providing additional resources that prioritize prevention and early intervention and support new, more effective approaches to meeting needs. Each year, California dedicates some $400 million to advance approaches that reduce risks and support protective factors, promoting the transformation envisioned by the MHSA.[13] Recent legislation, Senate Bill 1004 (Chapter 843, Statutes of 2018), directs the Commission to establish priorities and a statewide strategy for prevention and early intervention services. In response, the Commission formed its Prevention and Early Intervention Project to create a more focused approach to delivering effective prevention and early intervention services and to increase coordination and collaboration across communities and mental healthcare systems.

References

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